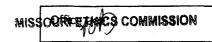


Missouri Ethics Commission (MEC)

PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



NOV U 7 2019

1.	itatement Information		
	Date: 1931/2019 C18	50114	
	Type: ☐ New ☐ Amended (if amending, enter MEC ID C18	0144 & section ch	anged 3
2.	Committee Information		
	Rogers for Missouri		
	Name of Committee		
	Committee Mailing Address, City, State, & Zip		()
	Committee Maining Address, City, State, & Zip		Telephone Number
	Official Committee Email Address	County Clerk or Board of Election Commission	ners
	Committee Type: ☐ Campaign ☐ Candidate ☐ Continuing (F	PAC) 🗆 Debt Service 🗀 Expl	oratory 🔲 Political Party
3.	Treasurer/Deputy Treasurer Information		20
	Ryan Tull		
	Treasurer's Name (First & Last)	040 (
	PO Box 12521 North Kansas City, MO 64116 Treasurer's Mailing Address, City, State, & Zip	(816) 560-0593	()
	Laure Neff-Roger	Treasurer's Home Telephone Number	Treasurer's Work Telephone Number
	Deputy Treasurer's Name (if one appointed)		79
	POBOX 12521 NOALKALLICIS, MO	1816 1714-6615	()
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number
4.	Additional Committee Information		20 - 1. 21 - 1.
	Additional Committee Officer Name & Title Trapy)	Additional Committee Officer's Mailing Addr	ess, City, State, & Zip
	Connected Organization's Name (if any)	Connected Organization's Mailing Address, O	titu State & Zin
5	CANDIDATES: Do you have more than one candidate committee? Official Bank Account Information (required by all committees)		back) ∟ No å
- .	Official bank Account mormation (required by an committee)		
	Name & Mailing Address, City, State, & Zip of Financial Institution	Account Name	Account Number
6	Candidate Supported or Opposed (candidate committees must		Account Number
Ο.	Candidate Supported of Opposed (Candidate Committees must	/ \ \	
	Name & Mailing Address, City, State & Zip of Candidate	Telephone Number (Candidate Committees	Only)
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose
7.	Ballot Measure Supported or Opposed (campaign committees must complete this section)		
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose
3.	Signature(s) Check certification(s) & sign (required by all committees)		
	■ I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I		
further acknowledge that I am aware that any false statement or declaration made herein is punishable under			shable under Ch. 575 RSMo.
	Physica (The)	Wery	
	Committee Feasurer	Candidate (Candidate Complittees Only)	